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# Mobilizing Black America

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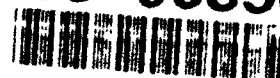
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## MOBILIZING BLACK AMERICA

African-Americans account for 12.1 percent of America's population, totaling over 31 million people. Because of serious societal problems, the country cannot fully count on a large portion of its black population to defend its national security interests. Problems affecting America's blacks to a much greater degree than other Americans include: poverty, unemployment, deterioration of family structure, infant mortality, AIDS, lack of basic health care, higher crime and homicide rates, racial discrimination, drug abuse, higher incarceration rates, higher high school drop out rates, and declining college enrollment.

These problems have resulted in a sense of hopelessness in the urban communities across America. There is a growing underclass and a destructive and disruptive culture with a value system that is detrimental to American society. It is in America's security interest to improve conditions for its black population.

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## INTRODUCTION

The United States has many vital interests at home and around the world to protect. First and foremost is the constitutional requirement to insure the defense and survival of America as a free nation. A strong military establishment is essential for protection of America's interests. The size and power of any military force is ultimately limited by the nation's ability to sustain them. In the last analysis, this will depend on the number of men and women who can be mustered in the time of war as well as the country's economic strength.

People are a nation's greatest strength, providing the human resources necessary to create wealth and defend the state from foreign adversaries. Although numbers are important, it is the specific characteristics of the population that determine a nation's economic and security value.<sup>1</sup> The United States must be able to call upon all of its citizens during war. But that is not possible today. A large segment of the African-American community is not ready for mobilization.

The 1990 Census counted 29,986,060 African-Americans in the United States. But that number was nearly 2 million short of the actual number of U. S. blacks on that date, according to Census Bureau estimates.<sup>2</sup> Blacks represented 12.1 percent of the estimated 248.7 million Americans, up from the previous 11.7

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<sup>1</sup> Bandow, Doug, Human Resources and Defense Manpower, (Washington: National Defense University Press, 1989), p. 13

<sup>2</sup> Bureau of the Census News Release, CB91-222, 13 June 1991, Tables 1 and 3.

percent in 1980. The percentage of African-Americans in the U. S. population in 1990 was the largest since 1880, when blacks accounted for 13.1 percent of the population.<sup>3</sup> During the 1980s, the African-American population grew by 13 percent - more than double the growth of the white population (6 percent), but below the increase for Asians or Hispanics (see Table -1).

Today, because of the serious societal problems, the United States cannot fully count on a large part of its black population in the defense of its national interests. Unless some changes are made now, the problems will only worsen as we move into the 21st century. This paper will define some of the critical problems affecting black Americans, and a subsequent paper will address solutions to those problems. Finally, America's military power means not only its ability to mobilize forces for immediate action, but the ability to produce additional quality forces in the future. To maximize its potential, the nation must be able to count on every segment of its society during war.

#### America's Wasted Blacks <sup>4</sup>

A generation ago America convulsed its society and change its laws to free black people from discrimination. Legally and socially no country on earth has tried so hard to be free of racism, but the country is still obsessed and damaged by race.

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<sup>3</sup> Bureau of the Census, "Historical Statistics of the United States: Colonial Times to 1970, Part 1" (Washington, D. C.: GPO, 1985), tables 1 and 3.

<sup>4</sup> The Economist, "America's Wasted Blacks," March 30, 1991 page 11.

*Table 1***The U.S. Population by Racial and Ethnic Group, 1970-1990**

(population in thousands)

	April 1 1970	April 1 1980	April 1 1990	Percent change	
				1970-1980	1980-1990
All races	203,212	226,546	248,710	11.5	9.8
Black	22,580	26,495	29,986	17.3	13.2
White	177,749	188,372	199,686	6.0	6.0
Other races <sup>a</sup>	2,883	11,679	19,038	305.1	63.0
Hispanic origin <sup>b</sup>	9,073	14,609	22,354	61.0	53.0

<sup>a</sup> Includes Native Americans, Asians and Pacific Islanders, and persons listing their race as "Other."<sup>b</sup> Persons of Hispanic origin may be of any race.

Source: Bureau of the Census. Published population census results for 1970 and 1980 and preliminary census figures for 1990.



It infects almost every debate.

The Army that fought in the Persian Gulf was disproportionately black, so there were cries that blacks would die for a white quarrel. Car dealers are found to offer better deals to white people than black. Acquired Immunodeficiency Syndrome (AIDS) kills more blacks than whites. The high blood pressure of black men was blamed by a medical report on discrimination.<sup>5</sup> Race is still America's top domestic issue.

Today in America the average black male is more likely to go to prison than a university. His life expectancy is falling and he is seven times as likely to be murdered as a white male. In some parts of America, a black male between the ages of 15 and 25 is more likely to be killed than was an American soldier in Vietnam. The odds are almost two-to-one that these black youths were brought up in a fatherless household. An Economist magazine study revealed that median family income of blacks is just 56 percent of that of whites.

Despite all of America's efforts, the country harbors many racists. In January of 1991, a national poll found that most whites think blacks are lazy, less intelligent and less patriotic than are whites. David Duke, a white supremacist and former Ku Klux Klan Grand Wizard, won almost two-thirds of the white vote in Louisiana's Senate race in 1990 and in November of 1991, he won thirty-nine percent of the public votes in the race for Governor of the southern state. In one poll, 29 percent of

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<sup>5</sup> Ibid, page 11

blacks were willing to countenance the idea that AIDS was created by whites to eradicate blacks.<sup>6</sup> This suggests a fear that white racism has grown to the point where there is a black racial backlash on-going in America.

Race is genetic but poverty is not. Historically, racism has been the cause of black deprivation. Although America has made significant progress in dismantling racism, and recently many blacks have achieved middle class status, the income of the black population as a whole has not materially gained on that of whites. In recent years, blacks have fallen back.

In considering this question, one must first confront the one thing that everybody avoids discussing. Deep down in their minds, some white have begun to think again what their white ancestors thought - that blacks are genetically inferior in the traits that count for economic success, and that this is proven by the fact that blacks have lost grounds as discrimination has retreated. Therefore, some whites thinks the plight of blacks is a problem that cannot be solved. That conclusion is totally unjustified. The underclass is disproportionately black by historical accident, not genetics: blacks migrated to northern cities at an unlucky moment just as manufacturing jobs were disappearing to take new form in the suburbs. They are trapped there by crime, drugs, unemployment, and poor education. Whites have retreated to the comfortable suburbs whence they contribute to a city's cost but avoid paying its taxes or providing work for

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<sup>6</sup> Ibid, page 11

its underclass.

In 1965, President Lyndon B. Johnson told Congress that, "If we stand passively by while the center of each city becomes a hive of deprivation, crime, and hopelessness...if we become two people, the suburban affluent and the urban poor, each filled with mistrust and fear of the other.. then we shall effectively cripple each generation to come." <sup>7</sup> A generation has passed and the crippling goes on.

The policies needed by the governments to aid America's poor are not cheap or easy, but neither is the waste of black America's talent. While America is riding high on a wave of post gulf war confidence, part of the country is still missing out: the poverty ridden ghettos where millions of black Americans live. Table 2 shows U. S. cities with largest black population as of 1990. President George Bush cannot afford to ignore them because the country's security is highly dependent on the well being of all its people. If efforts aren't made to improve the socio-economic status of the underclass, this group will continue to grow larger and thus create a larger segment of American society that will not be eligible for mobilization, while simultaneously costing billions of dollars in social programs.

Consider these figures about America's cities. Nearly half of black teenagers in the city of Chicago fail to graduate from high school. In the District of Columbia in 1989, nearly four times as many black men were jailed in the district's prisons as

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<sup>7</sup> Ibid, page 12

Table 2

**U.S. Cities with Black Populations of 150,000 or Greater, 1990**

Black rank	Overall rank	City, state	Total population	Black population	Percent black
			(in thousands)		
1	1	New York, NY	7,322.6	2,102.5	29
2	3	Chicago, IL	2,783.7	1,087.7	39
3	7	Detroit, MI	1,028.0	777.9	76
4	5	Philadelphia, PA	1,585.6	631.9	40
5	2	Los Angeles, CA	3,485.4	487.7	14
6	4	Houston, TX	1,630.6	458.0	28
7	13	Baltimore, MD	736.0	435.8	59
8	19	Washington, DC	606.9	399.6	66
9	18	Memphis, TN	610.3	334.7	55
10	25	New Orleans, LA	496.9	307.7	62
11	8	Dallas, TX	1,006.9	297.0	30
12	36	Atlanta, GA	394.0	264.3	67
13	24	Cleveland, OH	505.6	235.4	47
14	17	Milwaukee, WI	628.1	191.3	31
15	34	St. Louis, MO	396.7	188.4	48
16	60	Birmingham, AL	266.0	168.3	63
17	12	Indianapolis, IN	742.0	165.6	22
18	15	Jacksonville, FL	673.0	163.9	24
19	39	Oakland, CA	372.2	163.3	44
20	56	Newark, NJ	275.2	160.9	59

Source: Bureau of the Census, 1991. Unpublished data from 1990 Census.

graduated from its public schools. The leading cause of death among young black men is murder. In the country as a whole a staggering two-thirds of black babies are born to unmarried mothers; and by government criteria, 43 percent of black children are born poor. Many do not live to see their first birthday. Unemployment rate among blacks in 1990 was 10.5 percent, more than twice that for whites. The rate today has worsened significantly. All of these problems affect America's security and mobilization potential either directly or indirectly. Each problem will be discussed in greater detail below. The final chapter of the paper will address recommended solutions to the problems.

#### THE BLACK FAMILY

Historical background. In 1960, most black families lived in segregated communities, unprotected by civil rights laws. At that time 75% of black children lived in families headed by married couples. Black households often had other family adults such as grandparents, aunts, uncles etc.<sup>8</sup> By 1990, according to a Bureau of Census report, only 39 percent of black women age 30 to 34 were married and living with their husbands.

Strength of community. Black institutions such as the church were the major focus of community life, reinforcing family values and providing support when the family could not. Schools, hospitals, and other community institutions were segregated, with

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<sup>8</sup> Cheatham, Harold E., and Stewart, James B., Black Families, (New Jersey: Transaction Publishers, 1990), p. xi.

limited resources in comparison to the white community, nevertheless, they provided employment for black professionals and other workers.

Because of housing discrimination, black workers throughout the income distribution scale lived and worked in close proximity, allowing the children to observe a variety of role models, lifestyles, and occupational options. Although it was generally expected that the civil rights legislation of the 1960s and 1970s would expand opportunities for blacks and increase the well-being of members of black communities, the evidence now shows quite clearly that expected improvements did not take place across the board. Specifically, the majority of black children now live in single parent families (usually with the mother), and two-thirds of them do not have other adults in the home, which decrease their access to the supportive structure that helped past generations survive the hard times.

Social scientist Charles Murray argued that the "great society" program caused the decline in marriage and increase in dependence on government by reducing the family's role in providing economic support and changing individual values towards work and responsibility.<sup>9</sup> Other policy analysts, such as William J. Wilson, put forth the hypothesis that the policies have had unintended consequences on the black family. Civil rights laws opened opportunities for some members of the black

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<sup>9</sup> Cheatham, Harold E. and Stewart, James B., Black Families, (New Brunswick, NJ: Transaction Publishers, 1990. page, 11.

community in terms of increased access to high wage jobs and better quality housing that led to their movement from the black community and thereby increased the isolation and concentration of low income blacks. Evidence shows that the values of those on public assistance are not systematically different from those who are economically independent (but not necessarily well off). <sup>10</sup>

Some of the problems of the black community are not the result of successful public policies, but of inadequate or flawed policies. In other cases, policies to increase economic well-being have been swamped by larger economic trends that were poorly managed by the federal government. We also know now that the very success of some programs such as integration of institutions (hospitals, schools, etc.) have led to the demise of many of the pillars of the black community. The black church was the life and strength of the black community from slavery. W. E. B. Dubois argued that the black church preceded the black family in the United States and has traditionally provided the means of stabilization to the family. The church engaged in a number of programs that directly or indirectly affected the family life of African-Americans. The values reflected in the church's teaching and life-style attempted to reinforce the notion of stable monogamous relationships within patriarchal families.

Despite many positive contributions made by black churches between emancipation and World War I, the goal of moving the race into the mainstream of American society was unfulfilled. The end

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<sup>10</sup> Ibid, page 12

of reconstruction was the beginning of a period of retrenchment that the church was unable to alter significantly. Thomas G. Poole proposed three theories for this failure of the church.

First, the church underestimated the nature and cause of racism. Rather than demanding the equality, freedom and justice that's owed to blacks as human beings, the black church (believing that whites were just ignorant of blacks) accepted the responsibility of proving to whites that Afro-Americans deserved to be treated with dignity. Secondly, there was an inherent discrepancy in the church's social mission. The black church, although born out of racism, worked toward the realization of a societal ideal that was not shared by the society it sought to join. They were committed to a social vision in which race would not be a factor in the employment of freedom, equality, and justice. The church pursued the goal by fostering progress for the race (uplifting the race) through education, family life, and other programs from which blacks were systematically excluded in the white society.

A third factor in the black church limited success was its acceptance of the agenda of the white church. Rather than defining those areas of importance to Afro-Americans, the church accepted the cause and projects that the white church deemed necessary (moralizing on subjects such as sexual promiscuity, dancing, smoking, drinking, erecting large buildings, etc.). In accepting these standards, the black church moderated its



challenge of the status quo."<sup>11</sup>

Another unexpected result of the civil rights laws of the 1960s and 1970s is the drastic decline in the number of black hospitals and physicians which were largely responsible for providing a significant portion of essential health care for the black community. This issue will be discussed in greater detail when we look into the current health status of the Afro-Americans in a later chapter of this paper.

The Moynihan Report. In 1967, Daniel Patrick Moynihan warned that the United States was approaching a new crisis in race relations. With the passage of the Civil Rights Bill in 1964, the demand of African-Americans for full recognition of their civil rights was finally met. Moynihan forecasted that: "in the new period, the expectations of the African-Americans would go beyond civil rights. Being Americans, blacks would now expect that in the near future equal opportunities for them as a group would produce roughly equal results, as compared with other groups." <sup>12</sup> According to Moynihan, this would not happen. Nor will it happen for generations to come, unless a new and special effort is made. Moynihan provided two reasons. He wrote, "first, the racist virus in the American blood stream still afflicts us. Negroes will encounter serious personal prejudice for at least another generation. Second, three centuries of sometimes

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<sup>11</sup> Ibid, page, 41

<sup>12</sup> Lee Rainwater and William L. Yancey, The Moynihan Report and The Politics of Controversy, (Cambridge, Mass.: MIT Press, 1967), page 47.

unimaginable mistreatment have taken their toll on the Negro people. The harsh fact is that, as a group, at the present time, in terms of ability to win out in the competitions of American life, they are not equal to most of those groups with which they will be competing. Individually, Negro Americans reach the highest peaks of achievement. But collectively, in the spectrum of American ethnic and religious and regional groups where some get plenty and some none, where some send eighty percent of their children to college and others pull them out of school at the 8th grade, Negroes are among the weakest." <sup>13</sup>

The report further pointed out that the most difficult fact for white Americans to understand is that in these terms, the circumstances of the African-American community in recent years has probably been getting worse, not better. Indices of dollars of income, standards of living, and years of education deceive. The gap between the Afro-Americans and most other groups in American society was widening three years after the passage of the civil rights bill.

According to Moynihan's report, the fundamental problem in which this is most clearly the case is that of weak family structure. The evidence-although admittedly not final in the late 1960s - was that the Afro-American family in the urban ghettos was crumbling. A middle class group had managed to save itself, but for the vast numbers of the unskilled, poorly educated city working class, the fabric of conventional social

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<sup>13</sup> Ibid, page 47.

relationships has all but disintegrated. Moynihan argued that the measures that have worked in the past or that would work for most groups, would not work in the case of the Afro-Americans. He believed that a national effort would be required, one which would give unity of purpose to the many activities of the federal government in this area, directed to a new kind of national goal: the establishment of a stable Afro-American family structure.

The report acknowledged that this would be a new departure for federal policy, as well as a difficult one. But Moynihan believed that it almost certainly offered the only possibility of resolving what he considered to be America's oldest, most intransigent, and then (1967), its most dangerous social problem. It seems that the situation has worsened in the 25 years since Moynihan wrote his report.

The family is the most fundamental and essential institution of American society. The very strength of a nation begins with the individual family. Erosion of the family structure often results in deterioration of the basic values of our society. Education, diet, health and behavior of youths often reflect the family situation. All of these factors are critical to the mobilization potential of young Americans and are therefore vital to the overall defense of the country.

#### HEALTH

Historical background. Historical evidence shows that slave infant mortality rate was "outrageous" and that only a modicum of health care was provided to ensure that slaves were physically

functional. From the Civil War period to the 1960s hospitals owned and operated by black community interests provided a significant amount of health care to black Americans. The first black hospitals were dedicated to providing care to blacks whose access to white hospitals was severely restricted, if not nonexistent, because of segregation policies.<sup>14</sup> According to Nathaniel Wesley, Jr., a noted authority on black hospitals, more than 400 hospitals have been identified as having been established, by black and white founders, to serve a black population.<sup>15</sup> By 1984, there were only 32 black hospitals around the country, a decrease from 40 in 1983. At the end of 1988, there were only 26 black hospitals in the United States. Table 3.1 provides a listing of the 26 hospitals. Tables 3.2 and 3.3 provides a listing of black hospital closings and transactions between 1961 and 1988. These closings have had an impact on the availability of health care and the overall health status of blacks during the past three decades. There are several explanations as why these black hospitals have closed. Two of the most important explanations are: (a) integration and its resultant attitudinal changes among the middle class black population regarding health care and (b) the advent of Medicare/Medicaid programs.<sup>16</sup>

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<sup>14</sup> Ibid, Black Families, p. 50.

<sup>15</sup> Wesley, Nathaniel Jr., "1984 Black Hospital Listing and Selected Commentary," (Washington, DC: Howard University, 1984)

<sup>16</sup> Ibid, Black Families, p. 58

**TABLE 3.1**  
**Black Hospitals, 1988**

Name	Location
Bethany Hospital**	Chicago
Charity Hospital of Louisiana***	New Orleans
Cook County Hospital***	Chicago
Cuyahoga County Hospital***	Cleveland
D.C. General Hospital***	District of Columbia
Detroit Receiving Hospital***	Detroit
George W. Hubbard Hospital of Meharry Medical College*	Nashville, TN
Harlem Hospital Center***	New York City
Howard University Hospital*	District of Columbia
Hughes-Spalding Community Hospital*	Atlanta
Jackson Park Hospital**	Chicago
Kings County Hospital Center***	Brooklyn, NY
King-Drew Medical Center***	Los Angeles
L. Richardson Memorial Hospital	Greensboro, NC
Memphis Hospitals*** (Regional Medical Center)	Memphis
Norfolk Community Hospitals*	Norfolk, VA
North General Hospital**	New York City
Richmond Community Hospital*	Richmond, VA
Riverside General Hospital*	Houston
Roseland Community Hospital**	Chicago
Southwest Community Hospital**	Atlanta
Southwest Detroit Hospital*	Detroit
St. Bernard Hospital**	Chicago
University Hospital (CMDN)***	Newark
Westland Medical Center***	Westland, MI
Whittaker Memorial Hospital (Newport News General Hospital,* effective 1985)	Newport News, VA

Source: Derived from Nathaniel Wesley, Jr., *1984 Black Hospitals Listing and Selected Commentary* (Washington, D.C.: Howard University, 1984), pp. 17-20; Frank D. Roylance, "Black Hospitals in Critical Conditions," *Baltimore Evening Sun*, September 23-26, 1985, four-part series; and Nathaniel R. Wesley, Jr., and Julie Benton Lynk, "Institutional Survival: Barriers to the Survival of Black and Other Health Care Facilities and Institutions Surviving Predominantly Black Populations," paper presented at the Harlem Hospital Centennial National Health Conference, April 22-23, 1988, New York City.

*Traditional black private hospitals	= 9
**Transitional black hospitals	= 6
***Traditional black public hospitals	= 11
N	= 26

TABLE 3.2  
Black Hospital Closings and Transitions,\* 1961-1988

Name	Location	Year Founded	Year Closed
St. Agnes Hospital	Raleigh, NC	1896	1961
Pinkston Clinic Hospital	Dallas, TX	1927	1961
Parkside Hospital	Detroit, MI	1918	1963
Brewster Hospital	Jacksonville, AL	1930	1963
Provident Hospital	Ft. Lauderdale, FL	1938	1964
McRae Memorial Sanitarium	Alexander, AR	1931	1965
Holy Family Hospital	Ensley, AL	1946	1965
Mercy Hospital	Wilson, NC	1930	1965
Good Shepherd Hospital	New Bern, NC	1937	1966
Good Samaritan Hospital	Charlotte, NC	1881	1966
Shaw Memorial Hospital	Oxford, NC	1953	1967
Hunter Clinic Hospital	Marlin, TX	1923	1967
St. Martin Porres Hospital	Mobile, AL	1950	1967
Jefferson Co. TB Hospital	Beaumont, TX	1924	1967
Moton Memorial Hospital	Tulsa, OK	1931	1967
Community Hospital	Wilmington, NC	1920	1967
Jubilee Hospital	Henderson, NC	1911	1967
Gaston Co. Negro Hospital	Gastonia, NC	1911	1967
People's Hospital	St. Louis, MO	1984	1967
St. Phillips Hospital	Richmond, VA	—	1968
			(Merger)
St. Mary's Infirmary	St. Louis, MO	1877	1969
Dr. E.R. Noble Clinic Hospital	Rosedale, MS	1918	1970
Collins Chapel Hospital	Memphis, TN	1909	1971
Fla. A & M Univ. Hospital	Tallahassee, FL	1911	1972
Mercy-Douglass Hospital (1895-1948)	Philadelphia	1895	1973
Good Samaritan Waverly Hospital	Columbia, SC	1910	1974
Kate Biting Reynolds Memorial Hospital	Winston-Salem, NC	1938	1974
			(consolidation)
E.H. Crump Hospital	Memphis, TN	1897	1974
			(consolidation)
Burton Mercy Hospital	Detroit, MI	1939	1974
			(merger)
Boulevard General Hospital	Detroit, MI	1933	1974
			(merger)
Whitney M. Young Jr. Hospital	Los Angeles, CA	—	1975
Hancock Memorial Hospital	Sparta, GA	—	1975
Red Cross Hospital	Louisville, KY	1899	1975
Yazoo Clinic Hospital	Yazoo City, MS	1940	1975
Lincoln Hospital	Durham, NC	1901	1976
			(consolidation)
Mercy General Hospital	Detroit, MI	1918	1976
Morrisania City Hospital	Bronx, NY	1929	1976
Highland Park Gen. Hospital	Highland Pk, MI	1920	1976

TABLE 3.2 (Continued)  
Black Hospital Closings and Transitions,\* 1961-1988

Name	Location	Year Founded	Year Closed
McClendon-Banks Mem. Hosp	Charleston, SC	1959	1977
Douglass Hospital	Kansas City, MO	1898	1977
St. Joseph Hospital	Kansas City, MO	1874	1977
		(consolidation)	
Forest City Hospital	Cleveland, OH	1957	1977
Tabernacle Community Hospital	Chicago, IL	1910	1977
West Adams Community Hospital	Los Angeles, CA	—	1978
		(consolidation)	
Arthur C. Logan Hospital	New York, NY	1862	1978
Burrell Memorial Hospital	Roanoke, VA	1915	1979
Homer G. Phillips Hospital	St. Louis, MO	1937	1979
Sydenham Hospital	New York, NY	1927	1980
		(conversion)	
Detroit Receiving Hospital	Detroit, MI	1915	1980
		(conversion)	
Morningside Hospital	Los Angeles, CA	1958	1980
Lockwood Hospital	Houston, TX	1957	1981
Community Hospital of Evanston	Evanston, IL	1930	1981
		(conversion)	
Clement Atkinson Mem. Hospital	Coatesville, PA	1937	1981
Jackson Hospital	Terrell, TX	—	1983
Kessler Hospital	Dallas, TX	—	1983
Riverside Adventist Hospital	Nashville, TN	1927	1983
Cumberland Hospital	Brooklyn, NY	1922	1983
Good Samaritan Hospital and Nursing Home	Selma, AL	1944	1983
Flint General Hospital	Flint, MI	1932	1983
Christian Hospital	Miami, FL	1918	1983
Mound Bayou Community Hosp.	Mound Bayou, MS	1942	1983
MLK Jr. Memorial Hospital	Kansas City, Mo	1918	1983
Forest Avenue Hospital	Dallas, TX	1966	1984
Flint-Goodridge Hospital	New Orleans, LA	1932	1985
Provident Hospital	Baltimore, MD	1894	1986
		(merged)	
Fairview Medical Center	Montgomery, AL	1951	1986
Provident Hospital	Chicago, IL	1891	1987
John A. Andrews Hospital	Tuskegee, AL	1912	1987
Milton Community Hospital	River Rouge, MI	1938	1987
The Hospital of Englewood	Chicago, IL	—	1988

Source: See Table 3.1

N = 71

Note: Hospitals were either closed, converted, merged, consolidated, or sold to private nonprofit or profit organizations.

Health today. The gap in life expectancy between the races in America remains wide. The root causes are poverty, prejudice, and life-style. In a nation as rich as the United States, all parents have the right to expect a life long and healthy for their sons and daughters. However, the odds that this wish will come true are significantly and shockingly reduced if the child happens to be black. Today in America research has shown that a white baby stands a seventy percent greater chance of reaching its fourth birthday than a black child. The average life expectancy of African-Americans is 70.3 years while White-Americans can expect to live 76 years.<sup>17</sup> The life-span of both races have lengthened over the decades, but the gap between white and black has remained stubbornly wide, and it increased during the Ronald Reagan administration, when many social programs that helped minorities were slashed. Although the gap has recently began to narrow again, it is still just as wide in 1991 as it had been in 1982. This lack of progress has been one of the most studied issues of public health and is one of the greatest challenges facing government policymakers. It is fair to ask-- why are blacks dying so much younger than whites?

There are several causes, one of which is the crime and violence that plague many inner cities. Black males between the ages of one and four are three times more likely than white toddlers to become the victims of homicide, and black male

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<sup>17</sup> Christine Gorman, Time Magazine, "Why Do Blacks Die Young," (New York, September 16, 1991), page 50.



teenagers are murdered six times as often as whites males.<sup>18</sup>

Although these figures are horrifying, crime is only a small part of the story. The majority of these murders are committed by young black males causing a double impact on America's mobilization potential in that both the victim and the offender are not available for mobilization. Additionally, the offender enters the justice system costing thousands of dollars for trial and incarceration. Secondly, numerous studies have shown that blacks are just not as healthy as whites or other groups at any age. Black toddlers are three times as likely as white youngsters to die from meningitis, pneumonia or influenza. Black men are three times as likely to contract AIDS and fifty percent more likely to die from heart attack, even if they make it to the hospital. Death from stroke is five times as common in African-Americans of both sexes between the ages of 35 and 55. Advanced kidney disease is 15 to 20 times as common.<sup>19</sup>

There is a dire need for better medical treatment and health education for African-American which by some expert assessment could reduce the black-white mortality gap by an estimated 60 percent. Dr. David Ansell, director of ambulatory screening at Chicago's Cook County Hospital, recently fumed: "We have a whole segment of our population dying unnecessarily, and we are worrying about whether to eat oat-bran or wheat-bran muffins." Ansell continued, "It's the medical equivalent of

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<sup>18</sup> Ibid, page 50.

<sup>19</sup> Ibid, page 51.

Marie Antonette's saying, 'Let them eat cake.'" <sup>20</sup>

Additionally, much of the difference between black and white life-spans results from poverty and discrimination. But the problem is a maddening mosaic involving many other factors as well. Many analysts have cited the lack of preventive care and cultural differences - such as fattier diets and higher rate of smoking among blacks. Some have even suggested that there is new evidence which links high blood pressure among blacks to genetics. None of these factors, however, can be completely separated from the others. Succeeding paragraphs of this section will briefly look into three contributing factors: poverty, lack of preventive care, and discrimination.

Recent research shows that one-third of African-Americans live below the official poverty line of \$12,000 annual income for a family of four, in contrast to twelve percent (12%) of whites. Although medicaid offers free treatment to the poorest citizens, many low-income working black people are not fully insured. Further, the everyday struggle to survive often takes precedence over health care. Many of these people often elect to go to work rather than going to see the doctor. Perils of living in poverty also take their toll. Sharing of contaminated needles among drug users speeds the spread of AIDS. Alcoholism, stress, and poor diet help fuel increases in cardiovascular disease, diabetes, cancer and liver failure. A study in Washington, D. C. found that 50% of black men living in public housing suffer from

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<sup>20</sup> Ibid, page 51.

hypertension, in contrast to 20% of all black men living in the city, and 25% of the project's women suffer from diabetes, versus 7% in Washington, D.C. as a whole.<sup>21</sup>

Unfortunately, preaching about health care seem laughable in crime-ridden inner cities. Studies of these neighborhoods reveal that residents do not see health as their biggest problem. Many are wondering whether they would live to age 35.

Lack of preventive care. Measles, syphilis and other infectious diseases staged deadly comebacks during the 1980s, hitting blacks particularly hard. Much of this increase can be tied to breakdowns in the public health system. In 1982, when the federal immunization program against measles was cut, health officials counted 1,700 cases nationally. By 1990, there were more than 27,000 cases-primarily in poor urban areas-with 89 deaths. In the early days of the AIDS epidemic, health officials cannibalized their syphilis programs, which had focused on the inner city, in order to combat the new threat. As a result, the incidence of syphilis among African-Americans doubled between 1985 and 1989.<sup>22</sup>

Infant Mortality. The high rate of infant mortality (18 per 1,000 births for blacks, vs 9.2 per 1,000 for whites) is largely a result of a lack of prenatal care, which is perhaps the most cost-effective type of health care available. Each dollar spent

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<sup>21</sup> Ibid, page 51.

<sup>22</sup> Ibid, page, 51.

on prenatal cares saves between \$3 and \$20 dollars in medical expenses in the infant's first year of life, and more later. And yet total government spending for prenatal care, on both the local and federal levels, decreased throughout the 1980s.<sup>23</sup>

In the nation's capital, babies die almost every day. In 1990, 237 babies died yielding an infant mortality rate of 20.1 per 1000 babies. That rate was considered good news by one city official since it was lower than the 23.1 per 1000, in 1989. However, it was still more than double the aforementioned national rate of 9.2 per thousand births.<sup>24</sup> Particularly noteworthy is the fact that the rate in Washington, D. C. has been higher than any other large American city as well as dozens of foreign countries.<sup>25</sup>

The causes of infant mortality are many. They range from a lack of prenatal care and poor nutrition, to alcohol, nicotine, and narcotic drug use. It is fair to ask why mothers do not receive prenatal care in such a prominent city as Washington, D. C. where all of America's policies and laws are made? Nurses working at the District's hospitals have been asking mothers with problem pregnancies - why they did not get prenatal care? The reasons given were: (1) "I couldn't afford it." (2) "I didn't know I was pregnant." (3) "I didn't want my mother to know." (4)

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<sup>23</sup> Ibid, p. 51.

<sup>24</sup> Finkel, David, "What Do You Think the Chances Are," The Washington Post Magazine, (Washington, D.C.: October 27, 1991), p. 12.

<sup>25</sup> Ibid, p. 12.

"I didn't have a babysitter for my other kids." (5) "I didn't have time." and (6) One addict responded, "What's the point, I'm just going to go back home and do crack."

Babies born to mothers without adequate prenatal care are often born with low birth-weight and require intensive care for survival. They are often born prematurely, especially in cases where the mother abused drugs during the pregnancy. In 1989, newborns weighing less than 1.1 pounds accounted for 26.6 percent of the deaths. The black mothers in Washington, D. C. were more than three times as likely to have low birth-weight babies. It is also known that 51.6 percent of all women who gave birth got what is considered by doctors to be inadequate prenatal care.

Poverty plays a significant part in the infant mortality rate, especially in America's urban areas. In 1990, almost 2,000 mothers delivered at the Greater Southeast Hospital in the District of Columbia. Most of them were on public assistance and most showed up at the hospital emergency room with no medical records. According to Finkel's research, some had no idea how pregnant they were.

Every low birth-weight birth that could be averted would save America's Health Care System between \$14,000 and \$30,000 says a 1988 report by the federally funded National Commission to Prevent Infant Mortality. The lifetime cost for caring for a low birth-weight infant can reach \$400,000 according to the same report. On the other hand, the cost of prenatal care which might

prevented the low birth-weight condition, can cost as low as \$400.<sup>26</sup> A case in point is a low birth-weight infant at Greater Southeast Community Hospital last year. A baby boy named Matthew was born prematurely (at 7 months) to a mother who had three previous children all of whom were born prematurely. Matthew weighed 2 pounds, 15 ounces at birth. The bill for the first five hours of his life totaled \$4,013.71. Six weeks after birth, Matthew was still in the incubator, but he was able to breathe without the aid of a ventilator. By the time Matthew was healthy enough to go home, his final bill at Children's Hospital was \$144,424.10. A cost to America's taxpayers. The good news is that Matthew survived. More than 44,000 other infants died in America in 1990.<sup>27</sup>

Every child who dies needlessly further degrades America's future mobilization potential. It represents an unnecessary loss of valuable human capital that could be needed in the future. Additionally, the millions of dollars spent treating those low birth-weight babies that do survive could be used for other national needs if valid preventive and prenatal education and treatment programs were available.

Meanwhile fewer blacks are seeing private physicians than ever before. In 1977, 3 out of 5 were covered by private health insurance. By 1987, the ratio had dropped to less than half. Black doctors tend to treat more black patients than do their

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<sup>26</sup> Ibid, p. 16.

<sup>27</sup> Ibid, p. 27.

white colleagues. Yet, according to researcher Christine Gorman, the number of black doctors declined from 26,000 in 1984 to 16,000 last year, largely because federal scholarship programs for medical students have been cut back. With no where else to go many African-Americans rely on local emergency rooms for all of their medical needs. While emergency rooms will treat pneumonia and other minor illness and or injuries, they generally do not perform pap smears or mammograms.

According to Dr. Mare Rivo, director of the division of medicine at the Department of Health and Human Services, more than 50% of the black women with breast cancer admitted to Harlem Hospital are already incurable, in contrast to only 8% of whites at a nearby medical facility. He attributed much of the difference to the lack of early detection in the black women.

Discrimination. For reasons unknown, prejudice may be the only explanation for the fact that many doctors and hospitals do not treat black's medical problems as seriously as those of whites. In one recent study, researchers found that, regardless of income, blacks are half as likely as whites to receive bypass operations for their heart problems. Another investigation revealed that among patients undergoing dialysis for kidney disease, whites are 33% more likely to get a kidney transplant. A third study showed that blacks who were hospitalized for pneumonia received less intensive treatment than whites. No doubt, anticipating inferior care, many blacks choose to avoid doctors or hospitals altogether. Black women report a prevalent

attitude among gynecologists that anything wrong might be the patient's own fault.

Life-style also plays an important role in the health status of African-Americans. According to Dr. Louis Sullivan, the Secretary of Health and Human Services in President Bush's Administration, the top 10 causes of premature death in America are significantly influenced by one's personal behavior and life-styles. Historical evidence tends to support his theory. Fifty years ago blacks developed cancer less often than whites. Now, largely because of smoking, the mortality rates for the malignancies is 25% greater for blacks than it is for whites.

Almost half of the black women and one-third of the black men are severely overweight, in comparison to one-fourth of white men and women. Additionally, the salt in soul food can aggravate high blood pressure. Stress and diet are also known to have an effect on high blood pressure. With education, all of the aforementioned factors can change. Racism may also play a role. None of these problems are insurmountable and solving them will lead to a healthier and more productive population, which will surely increase America's mobilization potential and its ability to ensure its national security.

Finally, studies have shown that a number of developing countries, working with meager budgets over the past 20 years, have surpassed many parts of the United States in health care of its citizens. A man living in Bangladesh, one of the poorest countries in the world, has a better chance of reaching age 65



than a black man in Harlem, New York.<sup>28</sup>

IMMUNIZATION. Immunization is one of the most cost-effective means of preventing disease. According to a United States Department of Health and Human Services (HHS) report, every \$1 spent on vaccinations for measles, mumps, and rubella saves \$14 in long term health care costs. Immunization has reduced the incidence of vaccine-preventable diseases 90% or greater from their peak levels in the pre-vaccine era.<sup>29</sup>

Since 1963, the Centers for Disease Control (CDC) have administered the immunization grant program. All 50 states, U. S. Territories, and the District of Columbia receive grants. In addition to purchasing vaccines, these funds are used to support the management of the program, control disease outbreaks, assess immunization levels in targeted populations, conduct demonstrations to determine the most cost-effective means of increasing immunization levels, and educate the public regarding the safety and efficacy of vaccines. The public sector is responsible for delivering vaccine to about 50% of the population.

In spite of the CDCs effort, rates of immunization have dropped significantly among pre-school children in the United States during the past decade. The results of a nine-city survey by the federal Centers for Disease Control found that less than

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<sup>28</sup> Ibid, page 52.

<sup>29</sup> HHS Issue Profile Number 10, "Immunization Program," Office of the Assistant Secretary for Legislation, U.S. Department of Health and Human Services, (Washington, D.C., November 1991), p.1.

50% of the 2-year olds are fully protected against childhood diseases. In the District of Columbia, which had the second best rate of immunization in the study, only 45 percent of youngsters were fully protected by age 2.

Nationwide, the American Academy of Pediatrics estimates that only seven of every ten 2-year olds have received their shots. According to the National Centers for Disease Control, the United States ranks 56th worldwide in immunizing minority youngsters against childhood diseases and 17th in protecting all children against these preventable diseases. "That is a pretty terrible record for the wealthiest country in the world to be in 17th place among all nations in immunizing its children," said Mr. Martin Smith, Chairman of the National Vaccine Advisory Committee at HHS.<sup>30</sup>

In contrast, immunization rates in developing countries have quadrupled, according to a report released last October by the World Health Organization. It found that 80 percent of the children in the developing world were protected by age 1 - a dramatic rise from the estimated 20 percent of youngsters vaccinated in 1985.<sup>31</sup>

The lack of protection in the United States leads to rising numbers of cases of measles and other preventable diseases such

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<sup>30</sup> Squires, Sally, "U. S. Immunization Campaign Struggles: Problems include High Vaccine Costs, Poor Access and Parental Indifference," The Washington Post Health Section, (Washington, D.C., October 22, 1991), p. 6.

<sup>31</sup> Ibid, p. 6.

as whooping cough. Over 25,000 cases of measles were reported in 1990, compared to a record low of 1,497 in 1983, according to the National Vaccine Advisory Committee. The disease has killed 101 children since 1989. Nearly half of the cases occurred in preschool children, most of whom were not vaccinated. Eighty percent of the disease in children 18 months to 5 years old could have been prevented by timely vaccination, according to the National Vaccine Advisory Committee.<sup>32</sup>

Part of the lack of immunization has to do with cost. During the 1980s, vaccine prices rose 200 to 300 percent per year, much of the increase fueled by liability insurance costs after a small percentage of children suffered adverse effects from receiving the vaccines. Some drug companies abandoned manufacturing the vaccines, which eliminated competition and helped prices rise even higher (see table 4).

Dr. James O. Mason, Assistant Secretary for Health, United States Department of Health and Human Services, cited other contributing factors to the lack of immunization of children during his address to the 25th National Immunization Conference, in Washington, D. C. last June. Dr. Mason acknowledged that while some barriers are the result of inadequate resources, many result from established policies that, although well-intended, in practice, actually discourage immunization. Our public health delivery system is not sufficiently user-friendly. It lets golden opportunities to immunize slip through its fingers. For

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<sup>32</sup> Ibid, p. 6.

Table 4

RECOMMENDED VACCINE SCHEDULE FOR CHILDREN

**F**or eight major childhood diseases that can cripple or kill, there are vaccines available to prevent infection. These diseases are polio, measles, mumps, rubella (German measles), whooping cough (pertussis), diphtheria, tetanus and a type of meningitis caused by *Haemophilus influenzae* type B. Public health clinics in the metropolitan area have expanded hours and can be contacted to arrange immunizations. All children who enter school must show proof of complete vaccinations. The American Academy of Pediatrics recommends that children be immunized against these conditions on the following schedule:

AGE	DPT	POLIO	MEASLES	MUMPS	RUBELLA	HAEMOPHILUS
2 mos.	X	X				X
4 mos.	X	X				X
6 mos.	X					X
12-15 mos.						X
15 mos.			X	X	X	X
4-6 yrs.	X	X				
11-12 yrs.			X	X	X	

NOTE: Diphtheria and tetanus are administered again between ages 14 and 16.



Measles vaccination is administered at a public health clinic. The disease, which is preventable, has been on the rise as vaccination rates have fallen.

ASSOCIATED PRESS PHOTO  
BY AMY SANCETTA

COST FOR FULLY IMMUNIZING A CHILD IN THE PRIVATE AND PUBLIC SECTORS

The American Academy of Pediatrics estimates, only seven of every 10 2-year-olds have received their shots. Part of the problem is cost: A full series of immunizations averages nearly twice as much in a private physician's office as in a public clinic.

VACCINE	1982	1991
<b>PRIVATE</b>		
DPT	\$ 1.85	\$ 49.85
Polio	\$11.00	\$ 37.80
MMR	\$10.44	\$ 50.58
Haemophilus		\$ 58.22
<b>TOTAL</b>	<b>\$23.29</b>	<b>\$196.45</b>
<b>PUBLIC</b>		
DPT	\$ .75	\$ 31.23
Polio	\$ 1.92	\$ 8.00
MMR	\$ 4.02	\$ 30.66
Haemophilus		\$ 20.64
<b>TOTAL</b>	<b>\$ 6.69</b>	<b>\$ 90.53</b>

NOTE: MMR is the vaccine for measles, mumps and rubella; DPT is for diphtheria, pertussis and tetanus

SOURCE: The Washington Post, "Health Magazine," 17 Oct 91, p.6.

example: Our clinics aren't always open for the convenience of parents. We expect parents to adjust their schedules to fit ours rather than the other way around.

In most cases, vaccines can be administered without a physician present. Nurses can screen for infrequent contraindications simply by asking parents key questions about their child's health status. They can refer children with possible contraindications to a physician for evaluation and vaccinate the rest. Other opportunities to vaccinate children are lost when clinic staff mistakenly think a child has a contraindication. Finally, opportunities are lost when we fail to immunize children who use emergency rooms or acute care clinics as their primary source of care. These are often the children who are least likely to have been vaccinated.<sup>33</sup>

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). The devastation wrought by the AIDS epidemic in the United States has continued unabated into the 1990s. In America, more than 100,000 have succumbed to the illness, while more than a million others infected with the HIV can expect the same fate within the decade.

While there is a slight controversy over the extent to which AIDS presents a threat to all segments of the general population, there is no question about the distinct vulnerability of some.

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<sup>33</sup> James O. Mason, M.D., Assistant Secretary for Health, Head of the U.S. Health Service, U.S. Department of Health And Human Services, "Remarks at the 25th National Immunization Conference," (Washington, D.C., June 11, 1991), P. 2-4.

As with so many other health problems, blacks suffer disproportionately from AIDS. While there are more AIDS cases among white gay or bisexual men than any other group, the deadly disease spread rapidly among blacks during the late 1980s. Between 1987 and 1989, the number of new AIDS cases among blacks shot up 59 percent, while the number increased 38 percent among white gay or bisexual men. Blacks represent only 12.1 percent of the total population, but accounted for 31 percent of all new AIDS cases in 1989, up from 25 percent in 1985.<sup>34</sup> The AIDS virus can be spread through direct blood contamination (often through intravenous drug use), unprotected sexual intercourse, and viral passage from a mother to her unborn fetus. Roughly half of all AIDS case among African-Americans (52 percent in 1989 alone) resulted directly or indirectly from intravenous drug use.<sup>35</sup>

High rates of intravenous drug use, lower educational levels, and reduced access to medical care all favor the continued transmission of HIV among poor blacks.

The AIDS virus has a significant impact on the future defense of the United States. Individuals who test positive for the AIDS virus obviously do not meet medical entrance criteria for service in the United States Armed Forces and therefore cannot be mobilized in event of a national emergency.

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<sup>34</sup> National Center for Health Statistics, "Health: United States 1990" (Hyattsville, MD: Public Health Service, 1991), Tables 44-47.

<sup>35</sup> Ibid, Table 46.

## EMPLOYMENT AND INCOME

Since poverty is one of the root cause of the many problems facing black Americans, employment and income status of blacks deserve discussion. Average income figures generally fail to show the vast diversity within the African-American population. While the percentage of low income families is much greater among blacks, there is also a solid middle class. In 1989, 26 percent of black families had incomes below \$10,000. Thirty-two percent earned between \$10,000 and \$25,000, and forty-two percent received \$25,000 or more per year. Among whites, however, only 8 percent of the families had incomes under \$10,000, while 69 percent were in the \$25,000 or more category (see figure 1).<sup>36</sup>

While college education erases some of the income difference between whites and blacks, blacks do not reap the same financial rewards from education as do whites. The average incomes for blacks invariably are lower than for whites, regardless of educational level or geographic area (see table 5). Racial differences are somewhat smaller in the south than in the north, especially in non-metropolitan areas where all incomes are lower.<sup>37</sup>

In June of 1984, social scientist Naomi Turner Verdugo, United States Civil Rights Commission, and Richard R. Verdugo,

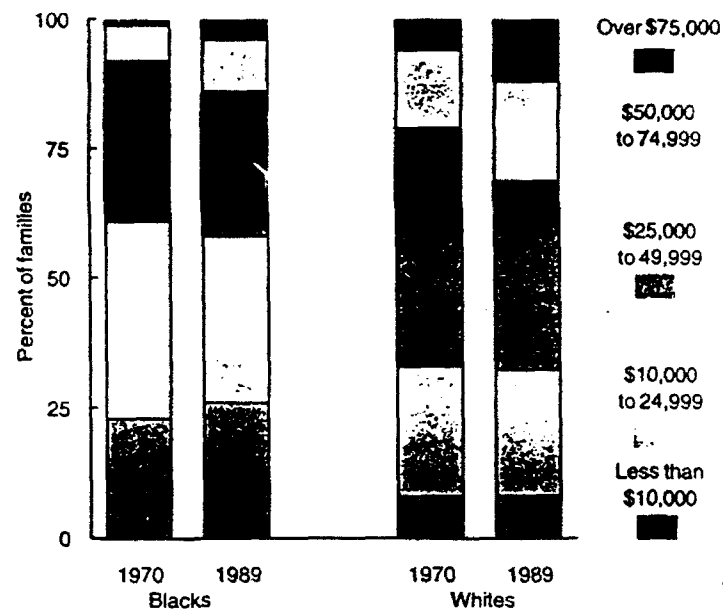
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<sup>36</sup> William P. O'Hare, Kelvin M. Pollard, Taynia L. Mann, and Mary M. Kent, "African Americans in the 1990s," Population Bulletin, Vol. 46, No. 1 (Washington, D.C.: Population Reference Bureau, Inc., July 1991). p. 28.

<sup>37</sup> Ibid, p. 28.

Figure 1

Median Family Income for Blacks and Whites,  
1970 and 1989



Source: Bureau of the Census, *Current Population Reports P-60*, no. 168 (Washington, D.C.: GPO, 1990), table 8.



**Table 5**

**Median Income and Poverty Rates by Education in Three Geographic Areas:  
Blacks and Whites Age 25-44, 1989**

	Metropolitan North		Metropolitan South		Nonmetropolitan South	
	Black	White	Black	White	Black	White
<b>Median personal income (dollars per year)</b>						
Less than high school	\$5,700	\$9,800	\$6,000	\$8,300	\$4,900	\$8,200
High school only	13,000	17,000	12,500	15,100	10,000	13,000
Some college	18,100	21,800	17,000	19,000	12,600	16,900
College graduate	26,000	30,100	24,000	29,000	20,000	22,500
<b>Poverty rate (percent)</b>						
Less than high school	51	23	41	26	52	25
High school only	24	6	18	8	24	10
Some college	13	3	13	4	23	6
College graduate	4	2	3	1	6	4

Source: Authors' analysis of the March 1990 Current Population Survey.

Library of Congress, completed a joint research study on the earnings differentials among Mexican-Americans, black, and white male workers.

The result of this research suggest: (1) That human capital and structural items are important components of earnings differentials among the three groups, and account for most of the white-mexican American and white-black earning gap; (2) That Mexican-Americans and blacks have different labor market experiences as reflected in their earnings profile; and (3) That blacks face somewhat stiffer forms of discrimination in the labor market relative to Mexican-Americans, though both groups face considerable discrimination relative to white males.<sup>38</sup>

Human Capital Items. The researchers included variables for marital status and experience. Marital status was included because married men tend to earn more than unmarried men. With respect to age, it was expected that, in general, the greater the age, the greater the earnings, since older workers tend to have more experience in the labor force.

Perhaps the most often used human capital item is educational attainment. Education represents training, increased knowledge, and enhanced skills. It was expected that these items would increase one's earnings. However, descriptive data indicate that, whites fared better than either blacks or Mexican-

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<sup>38</sup> Naomi Turner Verdugo and Richard R. Verdugo, " Earnings Differentials Among Mexican American, Black, and White Male Workers," (Social Science Quarterly, Vol. 65, No. 2 June 1984), p. 417.

Americans socioeconomically. Whites earned more, had completed more years of schooling, and worked at far better jobs than blacks or Mexican Americans. Whites also appeared to be more fully employed as they worked more hours than either blacks or Mexican-Americans. Industry and sector differences were also apparent. Whites and blacks were more likely than Mexican-Americans to be employed in the service industry, while Mexican-Americans were more likely to work in wholesale and retail trade. Finally, while the majority of each group worked in the private sector, as opposed to the government, a significantly greater percentage of the black sample was employed by the government.

Region of residence (metropolitan versus non-metropolitan) was included in the 1980 study, since there has been evidence that wage scales are also likely to differ between metropolitan and non-metropolitan areas. These variables were particularly important when analyzing minority groups, such as blacks and hispanics, who were concentrated in particular regions of the country.<sup>39</sup>

Results and analysis of earnings showed that while gains resulting from hours worked were nearly identical for blacks and Mexican-Americans, they were significantly greater for whites. Being married yielded greater financial gains for white males than for blacks or Mexican-Americans males.

Discrimination. The research analysis suggests that blacks earn slightly less than Mexican-Americans despite having

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<sup>39</sup> Ibid, p. 419.

completed more years of schooling and having more job experience, though both groups earn far less than whites. From this study one might conclude that blacks face more discrimination in the labor market than whites and Mexican-Americans.<sup>40</sup> Previous research (e.g. Carliner, 1976; Gwartney and Long, 1978) presented similar results.<sup>41</sup>

In an effort to place a dollar figure on discrimination in the labor force, the researchers used a well developed procedural analysis developed by Duncan in 1968; Duncan, Featherman and Duncan in 1972; and Masters, 1975. The model estimated only the cost of discrimination to employed minorities. It did not examine barriers faced by minorities in gaining employment. Results of the analysis reveal that blacks face somewhat stiffer forms of discrimination in the labor market than do Mexican-Americans.<sup>42</sup>

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<sup>40</sup> Ibid, p.423.

<sup>41</sup> Carliner, Geoffery, 1976 "Returns to Education for Blacks, Anglos, and five Spanish Groups," Journal of Human Resources. 11 (Spring): 172-184.

Gwartney, James D., and James E. Long, 1978, "The Relative Earnings of Blacks and Other Minorities," Industrial and Labor Relations Review, 31 (April): 336-346.

<sup>42</sup> Duncan, Otis D. 1968. "Inheritance of Poverty or Inheritance of Race?" in Daniel P. Moynihan ed., On Understanding Poverty (New York: Basic Books): pp. 85-110.

Duncan, Otis D., David L. Featherman, and Beverly Duncan. 1972 Socioeconomic Background and Achievement (New York: Academic Press).

Masters, Stanley. 1975. Black-white Income differentials: Empirical Studies and Policy Implications (New York: Academic Press).

Conclusion. From the Verdugos study, three results emerge. First, human capital items account for an important component of earnings differentials between whites, blacks and Mexican-Americans. While whites are better able to use their human capital in America than either blacks or Mexicans, Mexican-Americans yield returns to their human capital in excess of returns earned by blacks. The latter result is problematic because Mexican-Americans have less education, yet work at the same sorts of jobs as do blacks. It would be reasonable to expect that blacks would have greater earnings and to realize greater returns to their human capital, but such is not the case.

Second, industry sector of employment, region of residence, and measures of labor market structure, also emerge as important determinants of earnings and of earning differentials. Finally, the study noted that there is cost associated with being black or Mexican in the labor market of America as a result of discrimination. Both Mexican-Americans and blacks are severely penalized in several ways: Lower return for their human capital than those of whites; greater structural obstacles to achieving socioeconomic success; and ethnic racial discrimination which cost each group \$1399 or (24% of the white-black income gap) and \$1012 or (19% of the white-Mexican American gap). In addition there is evidence that minorities do not necessarily share similar labor market experiences.<sup>43</sup>

The effect of such discrimination in employment and income

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<sup>43</sup> Ibid, p. 425.

has a direct impact on the mobilization potential of black Americans. Young blacks who see their parents work long and arduous hours only to find that their earnings is barely sufficient to provide the very basics for survival (food and shelter), simply don't see much room for upward mobility. The continuous deprivation cause many young blacks to lose confidence in the system. In many instances, it becomes extremely difficult for parents and other adults in the community to convince the youths that things can be different for them when they are adults. Parental voices rang loud and clear, but the young teenagers tend to believe what they see and experience. A sense of hopelessness set in, and many young blacks develop poor attitudes towards the labor market and tend to place less value on traditional employment. These attitudes often result in many young blacks resorting to anti-social behavior such as illicit drugs, violence, and other crimes.

The effects of such anti-social behavior on national security and mobilization are three fold: first, the teenager's behavior often result in a criminal record which makes him ineligible for induction into the military; secondly, a conviction significantly reduces one's chances of improving his education and becoming a productive citizen, therefore, he is more likely to commit other crimes; and thirdly, each crime costs the taxpayers thousands of dollars for trial and imprisonment of the offender - funds which could otherwise be put to more productive use in other mobilization and defense programs.

## CRIME, VIOLENCE, AND THE CRIMINAL JUSTICE SYSTEM

Homicide. The most striking mortality difference between blacks and whites is for homicide. The homicide death rate is six times higher for blacks than for whites, with black men especially vulnerable. The chances of a black man being murdered are 4 times higher than for a black woman, 7 times higher than for a white man, 20 times higher than for a white woman. Homicide is the leading cause of death for young black men. In 1988, nearly 5,000 African American men 15 to 29 years old were murdered. For whites, Asians and other races, accidents, primarily automobile-related, are the major cause of death among young men.

Homicide rates tend to fluctuate over time, apparently governed by a complex set of social, economic, and demographic factors. Young men of all races are at greatest risk of homicide, thus the young age structure of African-Americans accounts for some of the higher homicide rates among blacks. But most of the difference stems from the more chronic social and economic problems. Alcohol and drug abuse which is more prevalent among blacks, is involved in the majority of the homicide deaths. Between 10 and 20 percent of homicides are related to illicit drug traffic alone. Access to hand guns and other firearms, used in 82 percent of the homicides of blacks age 15 to 34, has increased. Social proscription against murder

appears to have weakened among certain groups of American youth.<sup>44</sup> All of these factors have led to a growing tendency to use violence to settle disputes, and to rising homicide rates. Such unnecessary loss of human capital further diminishes America's mobilization potential.

Disheartened by school, abandoned by father, often forsaken by mother (particularly, if she is on drugs) a young black male often finds solace in peer groups and gangs. For many black youngsters, drug dealers have become the role models. They have the cash, the cars, the chains and the chicks that amount to high ghetto status.<sup>45</sup> The bleakness and perversity of ghetto life is such that dealing drugs can come to seem almost honorable. Philippe Bourgois is an anthropologist living in East Harlem to study the underground economy, including drug trafficking. He says: "Crack has created a new Horatio Alger myth for inner-city kids searching for meaning and upward mobility. Its really their American dream. In explaining a view commonly held by dealers, Burgois says, "they contend that the illegal drug trade has two important advantages over legitimate business: big money, and no racism. "Compared to earning chump change working at McDonald's,

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<sup>44</sup> Gerald David Jaynes and Robin M. Williams, eds, A Common Destiny: Blacks and American Society (Washington, D.C.: National Academy Press, 1989), p. 419; and National Center for Health Statistics, "Firearm Mortality Among Children, Youths, and Young Adults 1-34 Years of Age, Trends and Current Status: United States 1979-88, "Monthly Vital Statistics Report 39," no. 11, supplement (14 March 1991), table 2.

<sup>45</sup> John Paul Newport Jr., "Steps to Help the Urban Black Man," (Fortune Magazine: The Society, December 18, 1989), p. 168.



the drug trade can seem more realistic and even noble."<sup>46</sup>

The tide of drugs and guns has brought smaller communities face to face with the kinds of juvenile violence long endemic to the big cities (see table 6). Police are encountering offenders who are younger and more prone to hair-trigger violence than ever before. "These are kids who are growing up in much tougher circumstances with much less supervision and much less hope," says Glenn Pierce, director of the Center for Applied Research at Northeastern University. Those on the Jacksonville, Florida's list of serious juvenile offenders average 16 years of age and 14 arrests.<sup>47</sup>

Criminal Justice System. According to a Sentencing Project conducted in February of 1990, it was discovered that almost one in four (23 percent) of black men in the age group of 20-29 is either in prison, jail, on probation, or parole on any given day (see table 7). For white men in the same age group, one in 16 (6.2 percent) is under the control of the criminal justice system. Although the number of women in the criminal justice system is much lower than for men, the racial disproportions are parallel. For women in their twenties, relative rates of criminal justice control are: black women, one in 37 (2.7 percent); white women, one in 100 (1 percent); and hispanic women, one in 56 (1.8 percent).

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<sup>46</sup> Ibid, Fortune Magazine, p. 168.

<sup>47</sup> John McCormick and Bill Turque, "Big Crimes, Small Cities," (Newsweek Magazine: National Affairs, June 10, 1991), p. 17.

TABLE 6

## America's New Murder Capitals

In the last five years, the murder rate in many cities with populations under 1 million has skyrocketed—often surpassing surges in big cities. By comparison, Detroit's murder rate actually fell 2 percent over the same period. How smaller cities rate:

City	Percent increase in murders, 1985-90
Milwaukee	126 %
New Orleans	101 %
Jacksonville, Fla.	84 %
Memphis	71 %
Charlotte	60 %
Baltimore	43 %
Kansas City, Mo.	38 %
Cleveland	23 %

ALL DATA FROM CITY  
POLICE DEPARTMENTS



MURRY SELL—SILVER IMAGE

SOURCE: Newsweek, June 10, 1991, p. 17.

TABLE 7

1989 CRIMINAL JUSTICE CONTROL RATES

Population Group 20 - 29	State Prisons	Jails	Federal Prisons	Probation	Parole	TOTAL	Criminal Justice Control Rate
<u>MALES</u>							
White	138,111	94,616	15,203	697,567	109,011	1,054,508	6.2%
Black	138,706	66,188	7,358	305,306	92,132	609,690	23.0%
Hispanic	36,302	24,357	6,155	134,772	36,669	238,255	10.4%
TOTAL						1,902,453	8.4%
<u>FEMALES</u>							
White	6,320	7,099	944	141,174	8,712	164,249	1.0%
Black	6,072	6,095	665	58,597	6,988	78,417	2.7%
Hispanic	1,509	2,036	488	29,850	3,210	37,093	1.8%
TOTAL						279,759	1.3%

These findings actually understate the impact of present policies upon Black males ages 20-29. This is because the analysis presented here covers criminal justice control rates for a single day in mid-1989. Since all components of the criminal justice system admit and release persons each day, though, the total number of persons processed through the system in a given year is substantially higher than the single day counts. For this reason, the proportion of young Black men processed by the criminal justice system over the course of a year would be even higher than one in four.

The number of young black men (age 20-29) under the control of the criminal justice system (609,690) is greater than the total number of black men of all ages enrolled in college (436,000) as of 1986 (Figure 2). For white males, the comparable figures are 4,600,000 total in higher education and 1,054,508 ages 20-29 in the criminal justice system.<sup>48</sup>

#### TRENDS IN EDUCATION

The percentage of both black and white students completing high school increased steadily from the mid 1960's until the mid 1980's, then leveled off. In 1964, only 45 percent of young blacks age 25 to 29 had completed high school, compared with 72 percent of whites. By 1987, about 83 percent of young black adults and 86 percent young whites, had finished high school.<sup>49</sup>

African-American students remain more likely than whites to drop out of school. This puts them at a disadvantage in the job market and all but eliminates their enlistment opportunity. Research has indicated that students are more likely to drop out of school when they get poor grades, are older than their classmates, come from a single parent family, have parents who dropped out of high school, or live in a central city rather than a suburban or metropolitan area. On the average, black students

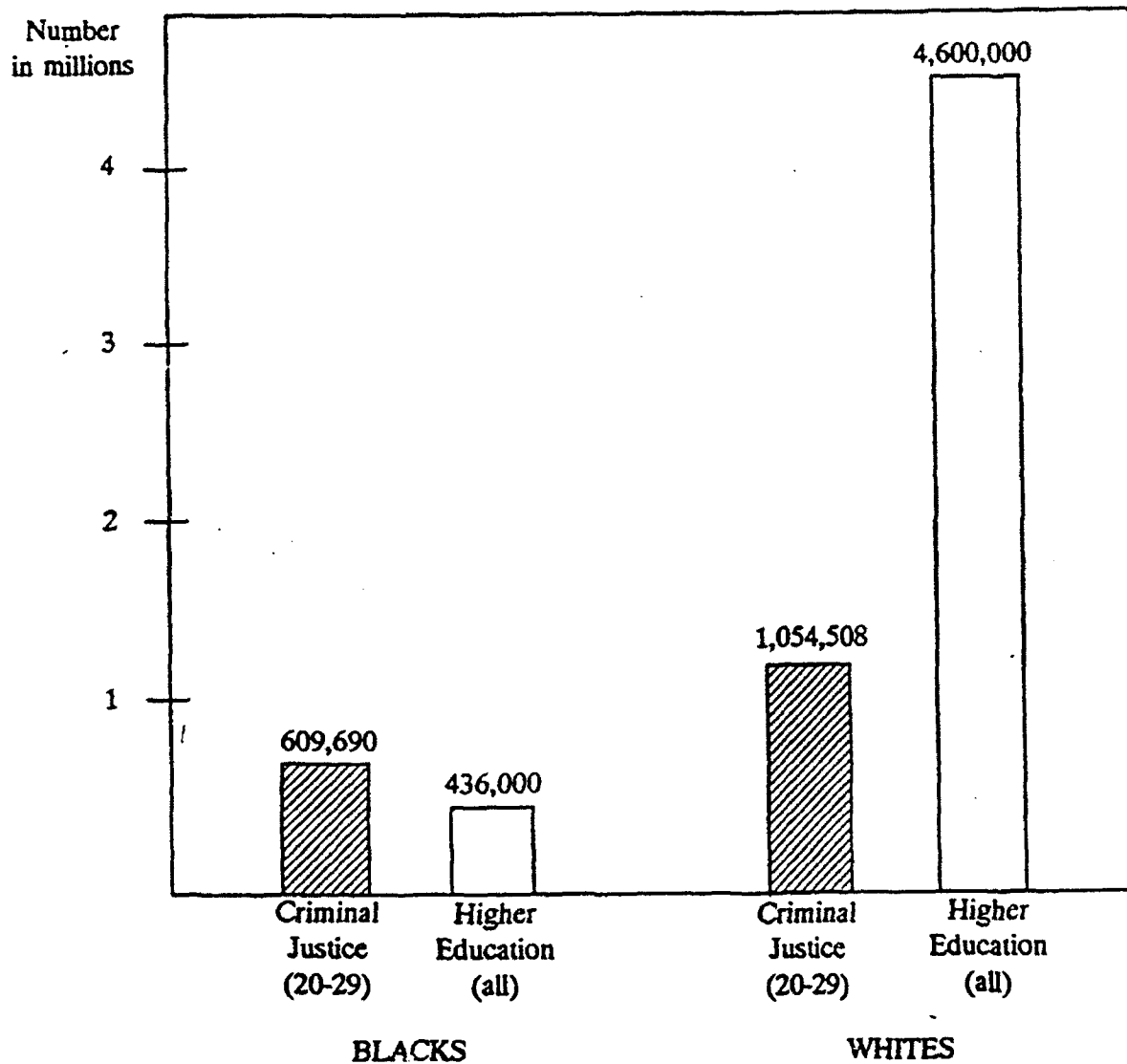
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<sup>48</sup> Marc Mauer, "Young Black Men and the Criminal Justice System: A Growing National Problem," The Sentencing Project, (Washington, D. C.: February 1990), p. 3.

<sup>49</sup> Bureau of Census, "Educational Attainment in the United States: March 1987 and March 1986," Current Population Reports P-20, no.428 (Washington, D. C.: GPO 1988), Table 12.

Figure 2

MALE PARTICIPATION IN CRIMINAL JUSTICE  
AND HIGHER EDUCATION



generally fare worst than whites on almost all these as well as other risk factors associated with dropping out of school. However, when family and background differences are taken into account, blacks are not more likely than whites to drop out of high school. According to the National Center for Education Statistics, dropout rates for blacks and whites living in suburban areas were nearly equal.

According to an article by Laura F. Cavazos in Education Digest, the majority of the dropouts are children of poverty and minority populations. Each year large numbers of blacks and Hispanics leave school in cities such as New York or East Los Angeles, where dropout rates range from 30 to 60 percent. In some rural areas in Mississippi and Tennessee, drop out rates range from 50 to 70 percent.<sup>50</sup>

The roots of school problems for blacks are complex. They are, like many other problems, linked to poverty, racism, and often cultural isolation. Those blacks who do stay in school tend to earn lower grades, score lower than the national average on standardized tests, and are much more likely to be suspended or expelled because of discipline problems than white students. On national tests administered in 1986, only 49 percent of African American 13-year olds had mastered basic problem solving in mathematics, compared with 80 percent of white students and 55 percent of Hispanics. There is also about a four-year gap in

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<sup>50</sup> Laura F. Cavazos, "Building Bridges for At-Risk Children," The Education Digest, November, 1989, Volume LV, no.3, (Ann Arbor, Michigan, Prakken Publishing Co. Inc., 1989) p. 16.

reading abilities among blacks and whites with the same number of years of education.<sup>51</sup>

Concerned educators complain that their efforts are overshadowed by socioeconomic factors outside school that discourage blacks from performing well.

College Enrollment. Another trend of the 1980s is the decline in college enrollment. In the mid-1970s, 23 percent of black and 20 percent of Hispanic 18 to 24 year olds were enrolled in college, an all time high for both groups. But since that time, the percentage of African-Americans and Hispanics hovered around 20 percent and 16 percent respectively, while the college attendance among whites continued to expand (see figure 3). In 1988, 21 percent of blacks and 17 percent of Hispanics were enrolled in college compared with 31 percent of whites. Research also indicates that white students are twice as likely as blacks to graduate from college. According to an article in the July 1991 issue of Population Bulletin, about 20 percent of whites ultimately earn a degree, compared with 11 percent of blacks.

The decline in college attendance may be linked to cuts in student aid for minorities coupled with the skyrocketing costs of college tuition and the high unemployment rate among blacks.

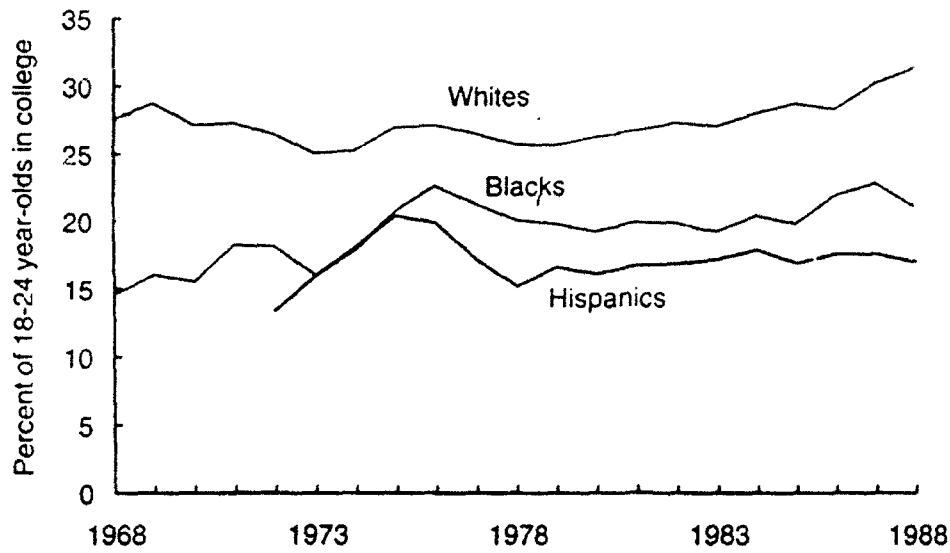
Implications for the future. The current downward trend in education among African-Americans could only contribute to

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<sup>51</sup> National Center for Education Statistics, Digest of Education Statistics 1990 (Washington, D. C.: GPO, 1990), table 114; and Jeanne Griffith, Mary Frase, and John Ralph, "American Education: The Challenge of Change," Population Bulletin 44, no. 4 (1989): 22.

**Figure 3**

**College Enrollment for Blacks, Whites,  
and Hispanics, 1968-1988**



Note: Hispanics may be of any race.



greater poverty and a growing under class in the future, unless these trends are reversed. According to recent research by the Hudson Institute, the jobs that will be created between 1987 and the year 2000 will be significantly different from those in existence today. Many of the jobs in the least-skilled classes will disappear, while high skilled professions will grow rapidly. Overall, the skill mix of the economy will be moving rapidly upscale, with most of the new jobs demanding more education and higher levels of language, mathematics, and reasoning skills. These occupational changes will present a very difficult challenge for the disadvantaged, particularly black men who are under represented in the fastest growing professions and over represented in the shrinking job categories.<sup>52</sup> Table 8 shows that the fastest growing fields by the year 2000 are lawyers, scientists, and health professions. These fields are projected to grow two to three times as fast as other professions. On the other hand, jobs as machine tenders, assemblers, miners and farmers will actually decline.

Of all the new jobs that will be created over the 1984-2000 time period, more than half will require some education beyond high school, and almost a third will be filled by college graduates. Today, only 22 percent of all occupations require a college degree. The median years of education required by the new jobs (in year 2000) will be 13.5 compared to 12.8 for the

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<sup>52</sup> The Hudson Institute, Workforce 2000: Work and Workers for the twenty-First Century, "Executive Summary," (HI-3796-RR, Indianapolis, In., 1987) p. 96.

TABLE 3

### THE CHANGING OCCUPATIONAL STRUCTURE, 1984-2000

<u>Occupation</u>	<u>Current Jobs</u>	<u>New Jobs</u>	<u>Rate of Growth</u>
<u>Total</u>	<u>(000s)</u> <u>105,008</u>	<u>(000s)</u> <u>25,952</u>	<u>(Percentage)</u> <u>25</u>
Service Occupations	16,059	5,957	37
Managerial and Management-Related	10,893	4,280	39
Marketing and Sales	10,656	4,150	39
Administrative Support	18,483	3,620	20
Technicians	3,146	1,389	44
Health Diagnosing and Treating Occupations	2,478	1,384	53
Teachers, Librarians, and Counselors	4,437	1,381	31
Mechanics, Installers, and Repairers	4,264	966	23
Transportation and Heavy Equipment Operators	4,604	752	16
Engineers, Architects, and Surveyors	1,447	600	41
Construction Trades	3,127	595	19
Natural, Computer, and Mathematical Scientists	647	442	68
Writers, Artists, Entertainers, and Athletes	1,092	425	39
Other Professionals and Paraprofessionals	825	355	43
Lawyers and Judges	457	326	71
Social, Recreational, and Religious Workers	759	235	31
Helpers and Laborers	4,168	205	5
Social Scientists	173	70	40
Precision Production Workers	2,790	61	2
Plant and System Workers	275	36	13
Blue Collar Supervisors	1,442	-6	0
Miners	175	-28	-16
Hand Workers, Assemblers, and Fabricators	2,604	-179	-7
Machine Setters, Operators, and Tenders	5,527	-448	-8
Agriculture, Forestry, and Fisheries	4,480	-538	-12

Source: Hudson Institute.

current work force (see table 9). <sup>53</sup>

The downward trend in education also has significant impact on mobilization and national defense. Not only are high school dropouts less likely to provide positive contributions to society in the future civilian industries, they will not meet minimum education criteria for induction into the United States armed forces. The drawdown of the armed forces resulting from the end of the Cold War has forced the enlistment and retention standards upward for all services. A recent interview with an Army Recruiting Officer, revealed that, for a person to be academically eligible for induction, he must not merely be a high school diploma graduate, but must rank in the upper 25 percent of his graduating class. Additionally, many uniformed personnel will find it difficult to meet new retention criteria and thus be denied reenlistment when their first term of enlistment expire.

The changes in the military force structure is certain to have a significant impact on African-Americans. Every since the passage of the Civil Rights Act of 1964, the military has helped to lead the nation both in terms of increasing opportunity for poorer black youth and promoting the development of a black middle class. "There is no question that on the whole, the military has served blacks well, " observed Charles Moskos: "Blacks occupy more management positions in the military than they do in business, education, journalism, government, or any

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<sup>53</sup> Ibid, p. 98.

TABLE 9

THE OCCUPATIONS OF THE FUTURE WILL REQUIRE MORE  
EDUCATION

	<u>Current Jobs</u>	<u>New Jobs</u>
Total	100%	100%
8 Years or Less	6%	4%
1-3 Years of High School	12%	10%
4 Years of High School	40%	35%
1-3 Years of College	20%	22%
4 Years of College or More	22%	30%
Median Years of School	12.8	13.5

Source: Bureau of Labor Statistics, Hudson Institute.

other significant sector of American society."<sup>54</sup> The fact that blacks and other minorities look to the military as an important avenue for upward mobility is evident from the relatively greater propensity to enlist and reenlist. Roughly one in 5 new recruits in the military is black; Hispanics and other minority groups account for 5 percent.<sup>55</sup> The overall composition of the services is about the same, although the Army has a slightly higher and the Navy a somewhat lower percentage of blacks (see table 10).

In conclusion, when students drop out of school, their lives are forever diminished. Unemployment is much higher for dropouts today than for graduates, and will be even worse in the future job market. Federal and local governments spend millions to support or incarcerate the unemployed, while losing millions in potential tax revenue. Finally, if in the future, it becomes necessary to mobilize fully to defend this country, we will run the risk of not having sufficiently skilled young men and women to man and maintain the military's highly sophisticated weaponry. Therefore, regardless of the requirement to reduce active military manpower in this era, it is essential that America find means to reverse the current trends in the education and improve the socioeconomic status of the disadvantaged, most of whom are African-Americans. If America is to remain the strongest country

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<sup>54</sup> Charles Moskos, "Success Story: Blacks in the Army," The Atlantic Monthly, May 1986, pp. 64, 66.

<sup>55</sup> Doug Bandow, Human Resources and Defense Manpower, National Defense University, (Washington, D. C., 1989), p. 120.

TABLE 10

## Racial Distribution of Active Enlisted NPS Assessments

Service	<u>Total number (thousands)</u>			
	Fiscal Year 1988			
	White	Black	Other	Total
Army	73.7	26.5	5.5	105.
Navy	67.8	18.1	4.3	90.
Marine Corps	26.3	6.5	2.8	35.
Air Force	<u>34.0</u>	<u>5.4</u>	<u>1.8</u>	<u>41.</u>
DOD Total	201.8	56.5	14.4	272.

Service	<u>Percentage of NPS accessions</u>			
	Fiscal Year 1988			
	White	Black	Other	Total
Army	70	25	5	100
Navy	75	20	5	100
Marine Corps	74	18	8	100
Air Force	82	13	5	100
DOD total	74	21	5	100
18- to 24- year-old youth	82	14	4	100

<sup>1</sup>Racial definitions are consistent with Office of Management and Budget (OMB) guidelines. ("Other" represents Native American, Asian, and Pacific Islanders. Persons of Hispanic origin may be of any race and are not specifically defined in this table.)

Source: Office of Assistant Secretary of Defense (Public Affairs), press release, FY 88.

in the world, it simply cannot afford not to educate 12.1 percent of its population, regardless of the short term costs to do so.

The foundation of national wealth is really its people and the human capital represented by their knowledge, skills, organizations, and motivations. Education and training are the primary systems by which the human capital of a nation is preserved and increased. If America is to be able to count on its black population during mobilization, serious programs must be established that will help to educate fully those existing in a shallow world of poverty, hopelessness, and despair. The most powerful industrialized country in the world has the resources to accomplish any task it sets out to accomplish.

As indicated earlier in this report, many of these problems existed within the black community decades ago, and long before the passing of the civil rights act. The Moynihan report from the mid 1960s warned that a sincere national effort was needed to aid African-Americans in their recovery from over 300 years of enslavement and discrimination in America. While there were some successful programs over the past three decades, they simply weren't enough to raise significantly the socio-economic status of the majority of black Americans. There is a sense of hopelessness and despair in the urban black communities across America. It is costing this country greatly in both human and physical resources, and will probably continue to be a significant liability for this country until America demonstrate the national will to enact programs which provide opportunities

for blacks to improve their socio-economic status and halt the growth of the underclass and the destructive culture associated therewith. A country's people are its greatest assets. America can't afford ignore 12.1 percent of its population if she is to remain the strongest country in the world.